

MAYOR JIM GRAY



**LEXINGTON**

MONICA CONRAD  
DIRECTOR  
PARKS & RECREATION

**RETURN ALL FORMS AS SOON AS POSSIBLE TO:**  
**THERAPEUTIC RECREATION CAMP PROGRAMS**  
**LEXINGTON PARKS AND RECREATION**  
**545 N UPPER STREET**  
**LEXINGTON, KENTUCKY 40508**

Dear Families:

Enclosed you will find registration information and forms for our Therapeutic Recreation Day Camp programs being held this summer. Please complete the front and back of all sections with necessary information and signatures. Failure to complete ALL sections may result in your child not being accepted at camp.

Please make the correct camp selection based on your child's age. **Camp program hours are 8:30 a.m. to 4:30 p.m. with early drop off at 7:30 a.m. and late pick-up at 5:00 p.m.**

The "Day Trippers" Adult Day Camp program is for adults 22 years and up and will be held at the Dunbar Community Center (545 N. Upper Street). **Camp program hours are 9:30 a.m. to 3:30 p.m. with early drop off at 9:00 a.m. and late pick-up at 4:00 p.m.** *If scheduling Wheels, please plan according to the above mentioned hours.*

**CAMP SESSION AND FEE SCHEDULE:**

The camp program is divided into one week sessions with a fee of \$100.00 per session. You may register for one or more sessions. **Fifty percent (50%) is due at time of registration for each session for each camper. PAYMENT IN FULL IS DUE PRIOR TO YOUR CHILD'S ATTENDANCE EACH SESSION.** All past balances must be paid before your child can attend/register. Limited scholarships are available and are on a first come, first served basis.

**APPLICATION FOR REDUCED FEES (SCHOLARSHIP):**

All families must reapply each year and provide new proof of eligibility. ***Return the form with your application. Camp fees will not be prorated or changed after camp has begun.***

**EMERGENCY CONTACTS AND RELEASE SECTION:**

You MUST complete the enclosed Emergency Contact and Release Section. **WE WILL NOT RELEASE THE CAMPER TO OR DISCUSS HIM/HER WITH ANYONE OTHER THAN THE NAMES IDENTIFIED ON THE LIST.** Changes to this list must be received in writing. Please inform those on the list to bring a photo ID when picking up your child.



**PARENT CONTRACT/ WAIVER:**

Please read carefully and sign required waivers. *Please note that a late fee of \$1.00 per minute for each child will be instituted for those parents/guardians picking their children up late from camp. Consistent lateness may result in the camper being dismissed from camp.*

We have altered our camp registration process asking fewer questions upon initial registration. Please note prior to camp you will receive a thorough questionnaire regarding your child. We ask that you complete this document in detail so that we can provide the best care for your child(ren). Failure to return the completed document will delay/deny your child's registration in camp. The self-assessment must be received a minimum of two weeks prior to the registered session. Please call 288-2928 or 288-2908 if you have any questions. We look forward to having you/your child at camp this summer. We have a fun, memorable summer planned!

Sincerely,

*Anessa Snowden, CTRS*

Anessa Snowden, CTRS

Senior Adult & Therapeutic Recreation Program Administrator

859.288.2928



## SUMMER CAMPS 2016

### DIVISION OF PARKS AND RECREATION INDIVIDUAL REGISTRATION FORM FOR ALL CAMPS EXCEPT ESP (Use separate form for each child)

PLEASE PRINT ALL INFORMATION LEGIBLY

Please see attached for important registration dates and deadlines.

Office Use Only:

Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Scholarship: \_\_\_\_\_  
Amount Pd: \_\_\_\_\_  
Method of payment: (circle one)  
Check Cash Credit PO

Camper Name: \_\_\_\_\_ Age: (as of August 1st) \_\_\_\_\_ Gender: ☐ M ☐ F  
Address of Camper: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Camper lives with: ☐ Parent(s) ☐ Guardian  
Did this child attend a Parks and Recreation camp last summer? ☐ Yes ☐ No

#### EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION

(IF PARENT/GUARDIAN LISTED ABOVE CANNOT BE REACHED-MUST PROVIDE AT LEAST ONE CONTACT)

|            |                             |             |
|------------|-----------------------------|-------------|
| Name _____ | Relationship to Child _____ | Phone _____ |
| Name _____ | Relationship to Child _____ | Phone _____ |
| Name _____ | Relationship to Child _____ | Phone _____ |
| Name _____ | Relationship to Child _____ | Phone _____ |

**Note:** We cannot release your child to anyone other than the parent(s)/guardian(s) named above or the persons listed on this form. Individuals should be prepared to show identification.

List any medical/physical limitations/precautions (food/insect/environmental allergies, frequent exhaustion, recent surgery, accidents etc.): \_\_\_\_\_

Does your child need an accommodation due to a disability in order to fully participate in this program? (ex: sign language interpreter, one-on-one supervision, etc.) ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

List any medications the child will take during camp time: \_\_\_\_\_

What is this medication for? \_\_\_\_\_

What are the effects of this medication on your child? \_\_\_\_\_

If medication is to be given at camp, please provide the following information:

(Dosage and time to be given must be marked on the **original medicine container** sent to camp.)

Name of Medication

Dose (# pills, etc.)

Exact time given

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital choice in case of emergency: \_\_\_\_\_

Our camps do **not** provide medical/health insurance. Campers are strongly encouraged to have their own insurance.

**THIS SECTION MUST BE COMPLETED AND SIGNED FOR PARTICIPATION**

**MEDICAL CONSENT AGREEMENT AND RELEASE:** I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in order to grant any additional authorization for medical procedures. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant or Parent/Guardian (if minor child): \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP RELEASE:** As a part of our camp program, field trips may be taken. The camp will give advanced notice concerning the location and the type of each individual field trip and any special items that may be needed. If we schedule a trip where the entire camp goes, ALL campers present that day are required to attend. Please sign below to give your child's permission to attend field trips and off-site activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**WALKER RELEASE:** My child is a walker and has permission to walk to and from the Division of Parks and Recreation camp or bus stop.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER AND RELEASE AGREEMENT:**

(1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).

(2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.

(3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

(4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.

(5) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons.

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Participant or Parent/Guardian (if minor child): \_\_\_\_\_ Date: \_\_\_\_\_

**2016 Camp Registration Form**  
Please indicate 1st and 2nd choice of sessions  
Compute age of camper as of August 1st

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>ARTKIDS (\$100 per session) Ages 7-12</b>   |
|                          | Tates Creek Recreation Center  |
| <input type="checkbox"/> | Session 1: July 11-15 (127324-01)  |
| <input type="checkbox"/> | Session 2: July 18-22 (127324-02)  |
| <input type="checkbox"/> | Session 3: July 25-29 (127324-03)  |
| <input type="checkbox"/> | <b>CAMP KEARNEY (\$100 per week) Ages 6-12</b>                                       |
|                          | Jacobson Park  |
| <input type="checkbox"/> | Session 1: June 13-17 (113418-01)  |
| <input type="checkbox"/> | Session 2: June 20-24 (113418-02)  |
| <input type="checkbox"/> | Session 3: June 27-July 1 (113418-03)  |
| <input type="checkbox"/> | Session 4: July 5 - 8* (113418-04) <i>No Camp July 4</i>                             |
| <input type="checkbox"/> | Session 5: July 11-15 (113418-05)  |
| <input type="checkbox"/> | Session 6: July 18-22 (113418-06)  |
| <input type="checkbox"/> | Session 7: July 25-29 (113418-07)  |
|                          | <i>Campers limited to one session of Camp Kearney</i>                                |
| <input type="checkbox"/> | <b>OUTDOOR ADVENTURE CAMP at McConnell Springs (\$175 per session) Ages 13-16</b>    |
| <input type="checkbox"/> | Session 1: June 6-17 (113518-01)   |
| <input type="checkbox"/> | Session 2: June 20-July 1 (113518-02)  |
| <input type="checkbox"/> | Session 3: July 11-22 (113518-03)  |
| <input type="checkbox"/> | <b>CASTLEWOOD CENTER CAMP (\$75 per session) Ages 6-12 No scholarships available</b> |
|                          | Castlewood Community Center  |
| <input type="checkbox"/> | Session 1: June 13 - 24 (122474-01)  |
| <input type="checkbox"/> | Session 2: June 27 - July 8 (122474-02) <i>No Camp July 4</i>                        |
| <input type="checkbox"/> | Session 3: July 11 - 22 (122474-03)  |
| <input type="checkbox"/> | Session 4: July 25 - August 5 (122474-04)  |
| <input type="checkbox"/> | <b>KENWICK CENTER CAMP (\$75 per session) Ages 6-12 No scholarships available</b>    |
|                          | Kenwick Community Center   |
| <input type="checkbox"/> | Session 1: June 13 - 24 (122475-01)  |
| <input type="checkbox"/> | Session 2: June 27 - July 8 (122475-02) <i>No Camp July 4</i>                        |
| <input type="checkbox"/> | Session 3: July 11 - 22 (122475-03)  |
| <input type="checkbox"/> | Session 4: July 25 - August 5 (122475-04)  |
| <input type="checkbox"/> | <b>HORSING AROUND IN NATURE (\$125 per week) Ages 10 - 12</b>                        |
|                          | Masterson Station Park   |
| <input type="checkbox"/> | Session 1: June 20 - 24 (113112-01)  |
| <input type="checkbox"/> | Session 2: June 27 - July 1 (113112-02)  |
| <input type="checkbox"/> | Session 3: July 11 - 15 (113112-03)  |
| <input type="checkbox"/> | Session 4: July 18 - 22 (113112-04)  |

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>KIDDIE KAPERS COMPANY DANCE CAMP (\$50 half day/\$100 full day) No scholarships for half day</b> |
|                          | Tates Creek Recreation Center   |
|                          | Dance Babies (Ages 3-6) (8:45-Noon)   |
|                          | <b>Dance Babies must be age as of first day of class</b>  |
| <input type="checkbox"/> | Session 1: June 13 - 17 (127324-04)   |
| <input type="checkbox"/> | Session 2: June 20 - 24 (127324-05)   |
| <input type="checkbox"/> | Session 3: June 27 - July 1 (127324-06)   |
|                          | <b>Dance Kids (Ages 7-15) (7:30am-6pm)</b>  |
| <input type="checkbox"/> | Session 1: June 13 - 17 (127324-07)   |
| <input type="checkbox"/> | Session 2: June 20 - 24 (127324-08)   |
| <input type="checkbox"/> | Session 3: June 27 - July 1 (127324-09)   |
|                          | <i>Campers limited to one session of Kiddie Kapers Camp.</i>  |
| <input type="checkbox"/> | <b>TENNIS &amp; SWIM CAMP (\$125 per session) Ages 6-14</b>   |
|                          | Shillito Park   |
| <input type="checkbox"/> | Session 1: June 13 - 24 (121625-01)   |
| <input type="checkbox"/> | Session 2: June 27 - July 8 (121626-02) <i>No Camp July 4</i>                                       |
| <input type="checkbox"/> | Session 3: July 11 - 22 (121627-03)   |
| <input type="checkbox"/> | Session 4: July 25 - August 5 (121628-04)   |
|                          | <i>Campers limited to one session of Tennis &amp; Swim Camp.</i>                                    |
| <input type="checkbox"/> | <b>THERAPEUTIC RECREATION FUN CAMP (\$100 per session)</b>  |
|                          | Castlewood Park (Ages 5 - 12)   |
| <input type="checkbox"/> | Session 1: June 13 - 17 (115011-01)   |
| <input type="checkbox"/> | Session 2: June 20 - 24 (115011-02)   |
| <input type="checkbox"/> | Session 3: June 27 - July 1 (115011-03)   |
| <input type="checkbox"/> | Session 4: July 5 - 8 (115011-04) <i>No Camp July 4</i>   |
| <input type="checkbox"/> | Session 5: July 11 - 15 (115011-05)   |
| <input type="checkbox"/> | Session 6: July 18 - 22 (115011-06)   |
|                          | <b>Woodland Park (Ages 13 - 21)</b>   |
| <input type="checkbox"/> | Session 1: June 13 - 17 (115011-09)   |
| <input type="checkbox"/> | Session 2: June 20 - 24 (115011-10)   |
| <input type="checkbox"/> | Session 3: June 27 - July 1 (115011-11)   |
| <input type="checkbox"/> | Session 4: July 5 - 8 (115011-12) <i>No Camp July 4</i>   |
| <input type="checkbox"/> | Session 5: July 11 - 15 (115011-13)   |
| <input type="checkbox"/> | Session 6: July 18 - 22 (115011-14)   |
|                          | <b>Day Trippers Camp at Dunbar Center (Ages 22 &amp; over)</b>                                      |
| <input type="checkbox"/> | Session 1: June 13 - 17 (115011-17)   |
| <input type="checkbox"/> | Session 2: June 20 - 24 (115011-18)   |
| <input type="checkbox"/> | Session 3: June 27 - July 1 (115011-19)   |
| <input type="checkbox"/> | Session 4: July 5 - 8 (115011-20) <i>No Camp July 4</i>   |
| <input type="checkbox"/> | Session 5: July 11 - 15 (115011-21)   |

April 19, Noon On-line registration begins for all camps, except ESP/REAL. On-line registration will close at 8am April 21 to allow for walk-in registration and will reopen at 5pm April 21 for remaining slots.

April 21, NOON until 5pm walk-in registration at Dunbar Center, 545 North Upper Street

April 22, mailed applications processed for any remaining camp slots.

Registration continues Monday-Friday, 8am-5pm for any remaining openings. Call 288-2900

Any new camper (not in our computer system) must provide proof of age (any document printed with child's name and birth date is accepted). On-line users must obtain a User ID and Password from Parks & Recreation prior to registration to use the system.

Any family requesting reduced fee must submit an income eligibility form and proof of income eligibility (KTAP, KCHIP, medical card or other form of government assistance document) each year.

A 50% refund will be given only if requested 7 business days prior to beginning camp.

Visit our website at [www.lexingtonky.gov/parks](http://www.lexingtonky.gov/parks)



**Therapeutic Recreation Programs  
Participant Information Form**

In order to better meet you/your child's needs, please fill out the following information completely.

**DATE COMPLETED:** \_\_\_\_\_

**PARTICIPANT'S NAME:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **PRIMARY PHONE NUMBER:** \_\_\_\_\_

**Please list all disabilities** \_\_\_\_\_  
\_\_\_\_\_

**Allergies**    ☐ Yes   ☐ No            ☐ Seasonal    ☐ Food    ☐ Drug    ☐ Other \_\_\_\_\_  
**Comments:** \_\_\_\_\_

Does the individual use/wear any of the following devices?

☐ Contact lenses            ☐ Orthopedic devices            ☐ Dentures            ☐ Glasses  
☐ Hearing aids            ☐ Other            Please explain: \_\_\_\_\_

**Personal Care/Hygiene**

Does the individual wear incontinence products? (I.e. diapers, pull ups or depends)

☐ Yes            ☐ No

|              | Independent              | Requires Assistance      | If requires assistance, explain: |
|--------------|--------------------------|--------------------------|----------------------------------|
| Dressing     | <input type="checkbox"/> | <input type="checkbox"/> | _____                            |
| Using Toilet | <input type="checkbox"/> | <input type="checkbox"/> | _____                            |
| Menstruation | <input type="checkbox"/> | <input type="checkbox"/> | _____                            |
| Eating       | <input type="checkbox"/> | <input type="checkbox"/> | _____                            |

How does the individual indicate/communicate the need listed above? \_\_\_\_\_  
\_\_\_\_\_

**Mobility (please check all that apply)**

☐ Walks without Assistance    ☐ Manual Wheelchair    ☐ Power Wheelchair  
☐ Cane(s)                            ☐ Crutches                            ☐ Walker  
☐ AFO's/Braces                    When are they worn? \_\_\_\_\_

**Safety Considerations (please check all that apply)**

☐ Runner            ☐ Stays with group    ☐ Recognizes Danger    ☐ Does not Recognize Danger  
☐ Other \_\_\_\_\_

**Communication (please check all that apply)**

☐ Speaks fluently            ☐ Reads                            ☐ Gestures/Leads/Guides            ☐ Non-verbal  
☐ Writes                            ☐ Sign Language            ☐ Uses Words and/or phrases  
☐ Communication Board/Book            ☐ Other \_\_\_\_\_

**Personality/Behaviors (please check all that apply)**

- |   |   |                                    |                                      |
|---|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Active                       | <input type="checkbox"/> Aggressive/Argumentative | <input type="checkbox"/> Cautious  | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Depressed                    | <input type="checkbox"/> Emotional                | <input type="checkbox"/> Excitable | <input type="checkbox"/> Friendly    |
| <input type="checkbox"/> Inquisitive                  | <input type="checkbox"/> Manipulative             | <input type="checkbox"/> Passive   | <input type="checkbox"/> Sensitive   |
| <input type="checkbox"/> Sociable                     | <input type="checkbox"/> Stubborn                 | <input type="checkbox"/> Tantrums  | <input type="checkbox"/> Withdrawn   |
| <input type="checkbox"/> Other (please explain) _____ |   |                                    |                                      |

What behavior management technique works best for the individual?

- |   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Positive Reinforcement | <input type="checkbox"/> Time Out | <input type="checkbox"/> Token system |
|---|-----------------------------------|---------------------------------------|

**Social (please check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Interacts well with peers            | <input type="checkbox"/> Interacts well with Adults  | <input type="checkbox"/> Prefers to be alone   |
| <input type="checkbox"/> Initiates conversations/interactions | <input type="checkbox"/> Prefers small groups (< 10) | <input type="checkbox"/> Prefers large group's |
| <input type="checkbox"/> Enjoys group outings                 | <input type="checkbox"/> Tolerates loud noise levels |  |
| <input type="checkbox"/> Does not tolerate loud noise levels  |  |  |

Comments: \_\_\_\_\_

**Swimming Experience (please check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cannot Swim                  | <input type="checkbox"/> Limited Ability | <input type="checkbox"/> Swims Independently |
| <input type="checkbox"/> Fears Water                  | <input type="checkbox"/> Enjoys Water    | <input type="checkbox"/> Wears life jacket   |
| <input type="checkbox"/> Must wear ear plugs in water |  | <input type="checkbox"/> Deep Water Swimmer  |
| <input type="checkbox"/> Can go off the diving board  | <input type="checkbox"/> Other _____     |  |

Comments: \_\_\_\_\_

**Leisure/Recreation**

Please list activities the individual enjoys: \_\_\_\_\_

Please list activities the individual does **not** enjoy: \_\_\_\_\_

*The remainder of this page is intentionally left blank*

**Seizure Information (if applicable - please check all that apply)**

Pre-warning signs/behaviors – Aura (please explain) \_\_\_\_\_

Usual Duration \_\_\_\_\_ seconds \_\_\_\_\_ minutes

Does 911 or emergency personnel need to be contacted? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_

Does Diastat need to be administered? ☐ Yes ☐ No  
Please explain: \_\_\_\_\_

When do you wish to be notified? ☐ Immediately ☐ At time of pick-up  
☐ If/when 911 is called

**Mental Status**

☐ Unchanged ☐ Dreamlike ☐ Vacant ☐ Unconscious

Comments: \_\_\_\_\_

**Movement**

☐ Jerks whole body ☐ Limp ☐ Falls down ☐ Head drop  
☐ Purposeful Movement ☐ Rigid ☐ Jackknives ☐ Other

Comments: \_\_\_\_\_

**Color**

☐ Flushed ☐ Pale ☐ Bluish/Gray

**Eyes**

☐ Turns Right ☐ Turns left ☐ Rolls up ☐ Pupils change size

**Mouth**

☐ Salivates ☐ Chews ☐ Swallows ☐ Smacks lips  
☐ Cries ☐ Talks ☐ Yells ☐ Moans

Comments: \_\_\_\_\_

**Breathing**

☐ Stops for \_\_\_\_\_ seconds ☐ Becomes noisy ☐ Other

Comments: \_\_\_\_\_

**Bowel/Bladder control**

☐ Urinates ☐ Defecates

**Behavior after the seizure subsides**

☐ Irritable ☐ Confused ☐ Drowsy ☐ Emotional  
☐ Deep Sleep ☐ Normal ☐ Other

Comments: \_\_\_\_\_



### ***ADMINISTRATION OF MEDICATION RELEASE***

My child \_\_\_\_\_ will require that medication be given to him/her during the camping day. I hereby give my permission to the Day Camp Staff to administer this medication. I likewise release the staff from any liability related to the administration of the medication to my child so long as the responsibility is discharged according to the following instructions: In order to ensure proper administration of medication we will dispense medications within the ½ hour periods of 9:00am, 12:00pm and/or 2:30pm.

| Name of Medication | Amount of dose<br># of pills, spoonfuls, etc. | Time to be given<br>9:00am 12:00 2:30pm<br>(choose best time) |
|--------------------|---|---|
|                    |   |   |
|                    |   |   |
|                    |   |   |

The information requested above should be clearly marked on the bottle or box you receive from your drug store or doctor. If this information changes prior to or during camp it is the parents' responsibility to notify camp staff. We will be unable to administer any medication that is not in its original prescription bottle or box. Furthermore we will only administer the medications as directed on the original prescription bottle or box.

Please explain for what condition the medication is given and any special instructions, such as how the medication is given (e.g. with milk, water, applesauce, etc.)

Participant, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In Person/ Phone Review: \_\_\_\_\_ Date: \_\_\_\_\_